

COPY OF PAPERS ORIGINALLY FILED



A V

| Please type a plus sign | • | JAIGINALLT FILE | | | PTO/SB/01 (10-00) | |
|--|--|---|--|---------------------------|--|--|
| TRADE ME Paperwo | rk Reduction Act of 1995, no perso | | .S. Patent and Trademark | Office; U.S. D | gh 10/31/2002. OMB 0651-0032 DEPARTMENT OF COMMERCE Lins a valid OMB control number. | |
| | ARATION | | Docket Number | VTN-54 | | |
| AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION | | | med Inventor | Tumer | et al. | |
| | | | COMPLETE IF KNOWN | | | |
| | | | | ſ | | |
| (37 (| CFR 1.63) | Applica | tion Number | 09/921 | ,192 | |
| Declaration Submitted with Initial Filing | Declaration Subrock OR Initial Filing (Subrock) (37 CFR 1.16(e)) | ircharge Filing D | ate | August | 2, 2001 | |
| | (37 CFN 1.10(e) | Group / | Art Unit | 1762 | | |
| | | Examin | er Name | | | |
| As a below named invento | r, I hereby declare tha | | | | | |
| My residence, mailing addred believe I am the original, fir plural names are listed below entitled: | st and sole inventor (if | only one name is liste | ed below) or an ori | ginal, firs t is sough | t and joint inventor (if at on the invention | |
| METHOD FOR COATING ARTICLES BY MOLD TRANSFER (Title of the Invention) | | | | | | |
| the specification of which | | | | | | |
| is attached hereto | | | | | | |
| OR | | | | | | |
| was filed on (MM/DD/Y) Number 09/921,192 and was a | YYY) August 2, 2001 a | | ication Number or | PCT Inte | rnational Application | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | |
| I acknowledge the duty to discontinuation-in-part applicati and the national or PCT inte | sclose information whic ons, material informatio | h is material to paten n which became ava | ilable between the | | | |
| I hereby claim foreign priorit inventor's certificate, or 365(United States of America, lis or inventor's certificate, or al priority is claimed. | (a) of any PCT internation tended and below and have also | onal application whic o identified below, by | h designated at lea checking the box, | ast one co any foreiq | ountry other than the gn application for patent pplication on which | |
| Prior Foreign | | Foreign Filing Da | | | Certified Copy | |
| Application Number(s) | Country | (MM/DD/YYYY) | Not Clain | ned | Attached? YES NO | |
| ianumei(2) | | | | | 120 110 | |
| | | | | | | |
| Additional foreign appli | cation numbers are list | d on a supplementa | h priority data shoo | + DTO/SE | 2/02B attached hereto: | |



DECLARATION - Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Status Application Serial No. **Filing Date** Patented Patented Patented I hereby appoint: Place Customer **Number Bar Code** Practitioners at Customer Number 000027777 Label Here AND Practitioner(s) named below: Registration Number <u>Name</u> as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Address all telephone calls to Lois A. Gianneschi at telephone number (732) 524-6351. **Customer Number** 000027777 OR Correspondence address below or Bar Code Label Direct all correspondence to: Name: Address: Address: ZIP City: State: Telephone: Fax: Country



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and believed to be true; and further that these statements were made with the knowledge that willful false statements with the knowledge that willful false statements with the knowledge that willful false statements made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application cr any patent issued thereon.

| ☐ A petit | ion has been filed for this | unsigned inventor |
|--|---|--|
| | • | COPY OF P ORIGINALL |
| | Date | (0 28/01 |
| State Florida | Country USA | CitizenshipUSA |
| | | |
| State Florida | ZIP 32223 | Country USA |
| ke so made are punise statements may je | shable by fine or impropardize the validity o | isonment, or both, under 18 If the application or any patent |
| | Family Name or Surname Copper | |
| Copper | Date | 10/30/61 |
| State Florida | Country USA | CitizenshipUSA |
| e | | |
| State Florida | ZIP 32205 | Country USA |
| be true; and further ke so made are puni e statements may je | that these statements shable by fine or impl opardize the validity o | s were made with the knowledge risonment, or both, under 18 of the application or any patent |
| | | s unsigned inventor |
| | • | |
| | Date | |
| State Florida | Country USA | CitizenshipCanada |
| | | |
| State Florida | ZIP 32211 | Country USA |
| | State Florida State Florida State Florida Rede herein of my ow be true; and further se statements may jee A peti State Florida State Florida State Florida State Florida A peti A peti A peti State Florida State Florida State Florida State Florida State Florida | State Florida State Florida State Florida State Florida ZIP 32223 Rade herein of my own knowledge are true be true; and further that these statements are so made are punishable by fine or imprese statements may jeopardize the validity of a petition has been filed for this Family Name or Sumame Copper Date State Florida ZIP 32205 Rade herein of my own knowledge are true; and further that these statements are punishable by fine or imprese statements may jeopardize the validity of a petition has been filed for this Family Name or Sumame Gourd Date State Florida Country USA |



City

Jacksonville



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF FOURTH INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** Mahadevan (first and middle [if any]) Shivkumar or Sumame 10/29/01 inventor's Date Signature Residence: City Starke State Florida **Country USA** CitizenshipIndia Mailing AddressRoute 1, Box 759 State Florida ZIP 32091 **Country USA** Starke I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF FIFTH INVENTOR: (first and middle [if any]) **Family Name** Given Name: Frank F. or Surname: Molock Molock 10/30/01 4. Inventor's Signature Date Country USA CitizenshipUSA Residence: CityOrange Park State Florida Mailing Address 1543 Wildfern Drive State Florida **ZIP 32073 Country USA** Orange Park I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SIXTH INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** McCabe (first and middle [if any]) Kevin P. or Sumame inventor's Signature State Florida **Country USA** Citizenship USA Residence: CityJacksonville Mailing Address 10550-205 Bay Meadows Road

ZIP 32256

State Florida

Country USA

JAN 2 5 2002

Mailing Address11474 Shady Meadows Drive

Jacksonville

I hereby declare that all statements made been of my own knowledge are true and that all statements made on information and belief are believed to permit; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. COPY OF PAPERS ORIGIN, LLY FILED A petition has been filed for this unsigned inventor NAME OF SEVENTH INVENTOR: **Family Name Given Name** (first and middle [if any]) Dharmesh K. or Surname Dubey Inventor's 2001 Date Signature CitizenshipIndia State Florida **Country USA** Residence: CityJacksonville Mailing Address 9087 Starpass Drive State Florida ZIP 32256 **Country USA** Jacksonville I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF EIGHTH INVENTOR: ☐ A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) Jeffery S. or Sumame Longo 10/01 inventor's Date Signature State Florida **Country USA** CitizenshipUSA Mailing Address 7068 Holiday Hill Court **ZIP** 32216 **Country USA** State Florida Jacksonville I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF NINTH INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) Jonathan P or Surname Adams Inventor's Date Signature State Florida **Country USA** CitizenshipUSA Residence: CityJacksonville

ZIP 32258

State Florida

Country USA





I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF TENTH INVENTOR: **Family Name** Given Name or Surname (first and middle,[if any]) Andrew J Wagner Inventor's Signature Citizenship USA **Country USA** State Florida Residence: City Jacksonville Mailing Address 1316 Pine Bloom Court **ZIP** 32259 Country USA State Florida I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF ELEVENTH INVENTOR: **Family Name** Given Name (first and middle [if any]) Xiaoping or Surname Inventor's Signature **Country USA** Citizenship USA State Florida Residence: City Jacksonville Mailing Address 8980 Adams Walk Drive Country USA City Jacksonville State Florida **ZIP** 32257